

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF SOUTH CAROLINA

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2023 MAY 25 PM 2:40

Pacita Whatley, Reverend Dr. Samuel Whatley,  
\_\_\_\_\_  
and Samuel Whatley, II \_\_\_\_\_  
\_\_\_\_\_

*(Write the full name of each plaintiff who is filing  
this complaint. If the names of all the plaintiffs  
cannot fit in the space above, please write "see  
attached" in the space and attach an additional  
page with the full list of names.)*

**-against-**

Oakbrook Health and Rehabilitation Center  
\_\_\_\_\_  
\_\_\_\_\_

*(Write the full name of each defendant who is  
being sued. If the names of all the defendants  
cannot fit in the space above, please write "see  
attached" in the space and attach an additional  
page with the full list of names.)*

**Complaint for a Civil Case**

Case No. \_\_\_\_\_  
*(to be filled in by the Clerk's Office)*

Jury Trial: ☒ Yes ☐ No  
*(check one)*

**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

## Plaintiff No. 1

Name	<u>Pacita Whatley</u>
Street Address	<u>579 Folly Road Unit 14254</u>
City and County	<u>Charleston</u>
State and Zip Code	<u>SC 29422</u>
Telephone Number	<u>9108501202</u>

## Plaintiff No. 2

Name	<u>Reverend Dr. Samuel Whatley</u>
Street Address	<u>579 Folly Road Unit 14254</u>
City and County	<u>Charleston</u>
State and Zip Code	<u>SC 29422</u>
Telephone Number	<u>8034467215</u>

## Plaintiff No. 3

Name	<u>Samuel Whatley, II</u>
Street Address	<u>579 Folly Road Unit 14254</u>
City and County	<u>Charleston</u>
State and Zip Code	<u>SC 29422</u>
Telephone Number	<u>2527252305</u>

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

## Defendant

Name	<u>Oakbrook Health and Rehabilitation Center</u>
Job or Title (if known)	<u></u>

Street Address	<u>920 Travelers Boulevard</u>
City and County	<u>Summerville</u>
State and Zip Code	<u>SC 29485</u>
Telephone Number	<u>800-385-2527</u>

## II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? *(check all that apply)*

☒ Federal question

☐ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

### A. If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

U.S. Civil Statute 31 § 3729(a)

### B. If the Basis for Jurisdiction Is Diversity of Citizenship

#### 1. The Plaintiff(s)

##### a. If the plaintiff is an individual

The plaintiff, *(name)* \_\_\_\_\_, is a citizen of the State of *(name)* \_\_\_\_\_.

##### b. If the plaintiff is a corporation

The plaintiff, *(name)* \_\_\_\_\_, is incorporated

under the laws of the State of *(name)* \_\_\_\_\_,  
and has its principal place of business in the State of *(name)*  
\_\_\_\_\_.

*(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)*

2. The Defendant(s)

a. If the defendant is an individual

The defendant, *(name)* \_\_\_\_\_, is a citizen of  
the State of *(name)* \_\_\_\_\_. Or is a citizen of  
*(foreign nation)* \_\_\_\_\_.

b. If the defendant is a corporation

The defendant, *(name)* \_\_\_\_\_, is  
incorporated under the laws of the State of *(name)*  
\_\_\_\_\_, and has its principal place of  
business in the State of *(name)* \_\_\_\_\_. Or is  
incorporated under the laws of *(foreign nation)*  
\_\_\_\_\_, and has its principal place of  
business in *(name)* \_\_\_\_\_.

*(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)*

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because *(explain)*:

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**III. Statement of Claim**

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

Plaintiff No. 1 is a former federal employee. Plaintiff No. 3 is a dependent of Plaintiff No. 2. Plaintiff No. 1 stayed in the Defendant's care from December 13<sup>th</sup>, 2022, to February 11<sup>th</sup>, 2023, after being sent there from a hospital. During the care period, Plaintiff No. 2 and Plaintiff No. 3 personally observed (as Plaintiff No. 2 and 3 went to the location almost daily to deliver food and water to Plaintiff No. 1) bedsores, severe trauma/agitation, and dirty clothing on Plaintiff No. 1. It was later found out that the directed treatment from the hospital for cardiology on Plaintiff No. 1 was not adequately conducted by the Defendant which resulted in Plaintiff No. 1 having to be readmitted to the hospital and sent to another rehabilitation facility for extended periods. Defendant attempted to charge multiple times for services during periods Plaintiff No. 1 did not stay to Plaintiff No. 2. Plaintiff No. 2 was charged thousands of dollars in addition to the federal health insurance, Blue Cross Blue Shield, multiple times by Defendant. Furthermore, prescriptions—HYDROcod/APAP TABs of Plaintiff No. 1 were being diverted and going missing upon delivery to Plaintiff No. 2. Reportedly other patients located at the facility had died from the same period of stay and there was high turnover and low retention of employees.

#### **IV. Relief**

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

Compensation to Plaintiff(s) for the upcoding charges to the federal health insurance, cost of inflated medical bills to plaintiff(s), diverted prescriptions, and pain and suffering.

**V. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case- related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: \_\_\_\_\_, 20\_\_.

Signature of Plaintiff No. 1

\_\_\_\_\_

Printed Name of Plaintiff No. 1

Pacita Whatley

Signature of Plaintiff No. 2

\_\_\_\_\_

Printed Name of Plaintiff No. 2

Reverend Dr. Samuel Whatley

Signature of Plaintiff No. 3

\_\_\_\_\_

Printed Name of Plaintiff No. 3

Samuel Whatley, II